



**Illinois Attorney General's Office**  
**VIOLENT CRIME VICTIMS ASSISTANCE PROGRAM**

**LISA MADIGAN**  
**ATTORNEY GENERAL**

**QUARTERLY REPORT FY 2005**

**Quarter:** 1 2 3 4 (Circle)    **Grant: #05-** \_\_\_\_\_    **Amount: \$** \_\_\_\_\_

**Agency** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Fiscal Contact:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**Prepared By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Program Category:** \_\_\_\_\_

**Grant Effective Date:** \_\_\_\_\_

**FUNDED STAFF:**

**Resumes must be submitted for all grant funded staff positions. FIRST QUARTER ONLY**

☐ **attached**

**Have there been any changes in funded staff persons this quarter?**

☐ **yes**

☐ **no**

☐ **resume attached**

**PROGRAM ACTIVITIES:**

**Please provide a narrative of program activities that occurred that are unique to this reporting period. Be sure to include: Progress made on goals, agency events, media attention, specific case load changes, special recognition/awards, training activities, conferences attended, in-services, volunteer training, and any other information specific to your program.**

**FAILURE TO COMPLETE THIS SECTION WILL CONSTITUTE AN INCOMPLETE REPORT AND IT WILL BE RETURNED TO YOU.**

**PROGRAM STATISTICS:** List the total number of clients served per month by type of crime category. The number should include all clients assisted (new and ongoing) by the funded program for each month during the quarter. Please add any categories you use that are not listed.

| Category                    | Month |  |  | Total |
|-----------------------------|-------|--|--|-------|
|                             |       |  |  |       |
| Armed Robbery               |       |  |  |       |
| Battery                     |       |  |  |       |
| Child Abuse                 |       |  |  |       |
| Child Sexual Assault        |       |  |  |       |
| Domestic Violence           |       |  |  |       |
| Driving Under the Influence |       |  |  |       |
| Elder Abuse                 |       |  |  |       |
| Hate/Bias Crimes            |       |  |  |       |
| Homicide Survivors          |       |  |  |       |
| Non-Victim Children         |       |  |  |       |
| Property Crimes             |       |  |  |       |
| Sexual Assault              |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
|                             |       |  |  |       |
| TOTAL                       |       |  |  |       |
| Significant Others          |       |  |  |       |
| Witnesses                   |       |  |  |       |

**SERVICES PROVIDED:** List the type of service provided by the grant funded program and the number of times or hours provided during the reporting period. This list should reflect the listing of services on page 10 of your grant application.

[illegible]

**TRAINING ACTIVITIES:** (Complete for grant funded training only.)

On a separate sheet of paper, provide date, time and place of training; number of participants/trainees; purpose of training; list of presenters; topics covered and a copy of the completed training evaluation instrument. In addition, please submit a copy of all hand outs and training materials that have not been previously submitted.

**FUNDED PRINTED MATERIALS:**

For all grant funded printed materials, submit an update on the status of the printing request. **PLEASE NOTE:** As required by the Grant Agreement, the disclaimer must appear on all printed materials. Two final copies of all printed material(s) funded in whole or in part with funds from the Violent Crime Victims Assistance Act must be submitted to your Grant Monitor.

**PROGRAM VOLUNTEERS:**

- A. List current number of Program Volunteers: \_\_\_\_\_
- B. Enter the approximate number of volunteer hours provided during this reporting period.  
Month (1) \_\_\_\_\_ Month (2) \_\_\_\_\_ Month (3) \_\_\_\_\_ Total \_\_\_\_\_
- C. Enter below a listing of services provided by volunteers and the number of persons involved.

**VOLUNTEER SERVICES**

**NUMBER OF  
VOLUNTEERS**

- 1.
- 2.
- 3.
- 4.
- 5.

**ARE THERE ANY PROGRAM CHANGES WHICH MAY IMPACT ON SERVICES?**  
Please explain.

**REALLOCATION OF GRANT FUNDS:**

Any program wishing to reallocate less than \$1,000.00 of grant funds to existing line items, without changing the original intention of the PROVISION OF SERVICES found in Section 2 of the FY2005 Grant Agreement, must complete the following sections. It is imperative to list all expenses delineated in Section 2 of the FY2005 Grant Agreement on the following page. For example: list all funded staff by title, current allocation, desired amount to reallocate and the amended budget. All changes must also be reflected in the accompanying budget pages of this report. Amounts over \$1,000.00, or requests to create a new line item, must be submitted in writing to your Grant Monitor for approval.

**BRIEF EXPLANATION OF THE NEED FOR THE REALLOCATION:**

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

**REALLOCATION PROGRAM BUDGET**

|                               | CURRENT | CHANGE | AMENDMENT |
|-------------------------------|---------|--------|-----------|
| <b>PERSONNEL:</b>             |         |        |           |
| SALARY                        | _____   | _____  | _____     |
| SALARY                        | _____   | _____  | _____     |
| BENEFITS                      | _____   | _____  | _____     |
| BENEFITS                      | _____   | _____  | _____     |
| CONTRACT EMPLOYMENT           | _____   | _____  | _____     |
| PROFESSIONAL INSURANCE        | _____   | _____  | _____     |
| TOTAL PERSONNEL               | _____   | _____  | _____     |
| <b>OPERATING EXPENSES:</b>    |         |        |           |
| CONTRACTUAL SERVICES          | _____   | _____  | _____     |
| OCCUPANCY                     | _____   | _____  | _____     |
| POSTAGE                       | _____   | _____  | _____     |
| COPIES/DUPLICATING            | _____   | _____  | _____     |
| PROGRAM ADVERTISING           | _____   | _____  | _____     |
| EQUIPMENT RENTAL/LEASE        | _____   | _____  | _____     |
| OTHER                         | _____   | _____  | _____     |
| TOTAL OPERATING EXPENSES      | _____   | _____  | _____     |
| <b>SUPPLIES:</b>              |         |        |           |
| OFFICE                        | _____   | _____  | _____     |
| PROGRAM                       | _____   | _____  | _____     |
| TOTAL SUPPLIES                | _____   | _____  | _____     |
| <b>PRINTING:</b>              |         |        |           |
| BROCHURES/PAMPHLETS           | _____   | _____  | _____     |
| OTHER                         | _____   | _____  | _____     |
| TOTAL PRINTING                | _____   | _____  | _____     |
| <b>TRAVEL:</b>                |         |        |           |
| STAFF                         | _____   | _____  | _____     |
| CLIENT                        | _____   | _____  | _____     |
| TOTAL TRAVEL                  | _____   | _____  | _____     |
| <b>TRAINING:</b>              |         |        |           |
| CONFERENCE REGISTRATIONS      | _____   | _____  | _____     |
| IN-SERVICE COSTS              | _____   | _____  | _____     |
| SUPPLIES                      | _____   | _____  | _____     |
| TRAVEL                        | _____   | _____  | _____     |
| TOTAL TRAINING                | _____   | _____  | _____     |
| <b>TELECOMMUNICATIONS:</b>    |         |        |           |
| TELEPHONE SERVICE             | _____   | _____  | _____     |
| PAGER SYSTEM                  | _____   | _____  | _____     |
| TOTAL TELECOMMUNICATIONS      | _____   | _____  | _____     |
| <b>TOTAL OPERATING BUDGET</b> | =====   | =====  | =====     |

**PERSONNEL:**

**For the FIRST Quarterly Report only: Please provide one resume for all staff members funded under this Grant.**

**Please provide the following information for each staff member funded under this Grant:**

**Salaried/Contractual Staff**

**Name**

**Title**

**Salary/Benefits  
From Grant**

**FT or PT Employee**

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**PERSONNEL EXPENDITURES:**

**Please provide grant expenditures for each month during this reporting period per funded staff member.**

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment: Salaried: \_\_\_\_\_ Contractual \_\_\_\_\_**

**MONTH**

|                        |  |  |  |
|------------------------|--|--|--|
|                        |  |  |  |
| Salary                 |  |  |  |
| Benefits               |  |  |  |
| Professional Insurance |  |  |  |



**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**      **Salaried:** \_\_\_\_\_ **Contractual:** \_\_\_\_\_

**MONTH**

|                               |  |  |  |
|-------------------------------|--|--|--|
|                               |  |  |  |
| <b>Salary</b>                 |  |  |  |
| <b>Benefits</b>               |  |  |  |
| <b>Professional Insurance</b> |  |  |  |

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**      **Salaried:** \_\_\_\_\_ **Contractual** \_\_\_\_\_

**MONTH**

|                               |  |  |  |
|-------------------------------|--|--|--|
|                               |  |  |  |
| <b>Salary</b>                 |  |  |  |
| <b>Benefits</b>               |  |  |  |
| <b>Professional Insurance</b> |  |  |  |

**STAFF MEMBER'S NAME:** \_\_\_\_\_

**Status of Employment:**      **Salaried:** \_\_\_\_\_ **Contractual:** \_\_\_\_\_

**MONTH**

|                               |  |  |  |
|-------------------------------|--|--|--|
|                               |  |  |  |
| <b>Salary</b>                 |  |  |  |
| <b>Benefits</b>               |  |  |  |
| <b>Professional Insurance</b> |  |  |  |

|  |                      |              |              |              |                     |                    |                       |
|--|----------------------|--------------|--------------|--------------|---------------------|--------------------|-----------------------|
| <b><u>GRANT EXPENDITURES:</u></b>      |                      |              |              |              |                     |                    |                       |
|  | <b>CONTRACT</b>      | <b>MONTH</b> | <b>MONTH</b> | <b>MONTH</b> | <b>3 MONTH</b>      | <b>TOTAL TO</b>    | <b>UNEXPENDED</b>     |
| <b>ITEM</b>                            | <b><u>BUDGET</u></b> |              |              |              | <b><u>TOTAL</u></b> | <b><u>DATE</u></b> | <b><u>FUNDING</u></b> |
| <b><u>PERSONNEL:</u></b>               |                      |              |              |              |                     |                    |                       |
| Salaries                               |                      |              |              |              |                     |                    |                       |
| Benefits                               |                      |              |              |              |                     |                    |                       |
| Contractual Employment                 |                      |              |              |              |                     |                    |                       |
| Professional Insurance                 |                      |              |              |              |                     |                    |                       |
| <b><u>TOTAL PERSONNEL EXPENSES</u></b> |                      |              |              |              |                     |                    |                       |
|  |                      |              |              |              |                     |                    |                       |
| <b><u>OPERATING EXPENSES:</u></b>      |                      |              |              |              |                     |                    |                       |
| Contractual Services                   |                      |              |              |              |                     |                    |                       |
| Occupancy                              |                      |              |              |              |                     |                    |                       |
| Postage                                |                      |              |              |              |                     |                    |                       |
| Copies/Duplicating                     |                      |              |              |              |                     |                    |                       |
| Program Advertising                    |                      |              |              |              |                     |                    |                       |
| Equipment Rental/Lease                 |                      |              |              |              |                     |                    |                       |
| Other                                  |                      |              |              |              |                     |                    |                       |
| <b><u>TOTAL OPERATING EXPENSES</u></b> |                      |              |              |              |                     |                    |                       |
|  |                      |              |              |              |                     |                    |                       |
| <b><u>SUPPLIES:</u></b>                |                      |              |              |              |                     |                    |                       |
| Office                                 |                      |              |              |              |                     |                    |                       |
| Program                                |                      |              |              |              |                     |                    |                       |
| Training                               |                      |              |              |              |                     |                    |                       |
| <b><u>TOTAL SUPPLIES EXPENSE</u></b>   |                      |              |              |              |                     |                    |                       |

|  |                        |                     |                     |                     |                       |                        |                          |
|--|------------------------|---------------------|---------------------|---------------------|-----------------------|------------------------|--------------------------|
| <b><u>GRANT EXPENDITURES</u></b>       |                        |                     |                     |                     |                       |                        |                          |
| <b>ITEM</b>                            | <b><u>CONTRACT</u></b> | <b><u>MONTH</u></b> | <b><u>MONTH</u></b> | <b><u>MONTH</u></b> | <b><u>3 MONTH</u></b> | <b><u>TOTAL TO</u></b> | <b><u>UNEXPENDED</u></b> |
|  | <b>BUDGET</b>          |                     |                     |                     | <b>TOTAL</b>          | <b>DATE</b>            | <b>FUNDING</b>           |
| <b><u>TRAVEL:</u></b>                  |                        |                     |                     |                     |                       |                        |                          |
| Client                                 |                        |                     |                     |                     |                       |                        |                          |
| Staff                                  |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TOTAL TRAVEL EXPENSES</u></b>    |                        |                     |                     |                     |                       |                        |                          |
|  |                        |                     |                     |                     |                       |                        |                          |
| <b><u>PRINTING EXPENSES:</u></b>       |                        |                     |                     |                     |                       |                        |                          |
| Brochures/Pamphlets                    |                        |                     |                     |                     |                       |                        |                          |
| Newsletters                            |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TOTAL PRINTING EXPENSES</u></b>  |                        |                     |                     |                     |                       |                        |                          |
|  |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TRAINING EXPENSES:</u></b>       |                        |                     |                     |                     |                       |                        |                          |
| Conference Registration                |                        |                     |                     |                     |                       |                        |                          |
| In-Service Costs                       |                        |                     |                     |                     |                       |                        |                          |
| Supplies                               |                        |                     |                     |                     |                       |                        |                          |
| Travel                                 |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TOTAL TRAINING EXPENSES</u></b>  |                        |                     |                     |                     |                       |                        |                          |
|  |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TELECOMMUNICATIONS:</u></b>      |                        |                     |                     |                     |                       |                        |                          |
| Telephone Service                      |                        |                     |                     |                     |                       |                        |                          |
| Pager System                           |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TOTAL TELECOMMUNICATIONS</u></b> |                        |                     |                     |                     |                       |                        |                          |
|  |                        |                     |                     |                     |                       |                        |                          |
| <b><u>TOTAL OPERATING BUDGET</u></b>   |                        |                     |                     |                     |                       |                        |                          |